

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**ROMNEY FOR PRESIDENT, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MARC E. O'NEILL**

Mailing Address 909 WARRIOR ROAD

City	State	Zip Code
MALVERN	PA	19355-3164

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HILCO APPRAISAL SERVICES

Occupation  
SENIOR APPRAISER

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.1777320**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

105.00

**B. Full Name (Last, First, Middle Initial)**

**NANCY O'NEILL**

Mailing Address 1001 FOREST AVENUE

City	State	Zip Code
RYE	NY	10580-3152

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.1705005**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**C. Full Name (Last, First, Middle Initial)**

**PETER O'NEIL**

Mailing Address 23633 WILSHIRE BLVD E

City	State	Zip Code
ELKHART	IN	46516-6351

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

**Transaction ID : SA17.1724593**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

320.00

**Subtotal Of Receipts This Page (optional)**.....

675.00

**Total This Period (last page this line number only)**.....